



**City of Torrance, Community Services Department
Facility Booking Office
REQUEST TO PAY BY CREDIT CARD**

CREDIT CARD INFORMATION

I Herby Authorize Use Of My: ☐ Visa ☐ MasterCard
☐ Discover ☐ American Express

Print Name As It Appears on Card: _____

Credit Card Number: _____

Expiration Date: Month _____ Year _____ Permit Charges: \$ _____

Signature: _____

DAMAGES, OVERAGE & IMPROPERLY INCURRED EXPENSES

In the case of any damage to the facilities being rented or if the facilities are not left in the same condition that they were in before the start of this contract, damages or expenses (cleaning, repair and otherwise) will be billed directly to the credit card provided for this purpose. For building, gym, pool & rink reservations, a fee will be charged for each 10 minute portion of an hour that you stay past your scheduled end time. In addition to the amount incurred in damages, for any breach of contract the credit card on file may be charged up to \$500.00.

I have read and understand Damages, Overage & Improperly Incurred Expenses and authorize my credit card to be charged.

Signature: _____

Please send along with a completed application to:

Facility Booking Office

[Facility Booking@TorranceCA.Gov](mailto:FacilityBooking@TorranceCA.Gov)

310-781-7598 (fax)

310-618-5982 (voice)